

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/868677**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			1			
2							52			1			
3							53				1		
4							54				1		
5							55				1		
6							56				1		
7							57				1		
8							58				3		
9							59				3		
10							60				3		
11							61				3		
12							62				3		
13							63				3		
14							64				3		
15							65				3		
16							66				3		
17							67				3		
18							68				3		
19							69				3		
20							70				3		
21							71		1	1			
22							72				1		
23							73				2		
24							74				2		
25							75				2		
26							76				2		
27							77				1		
28							78				1		
29							79				1		
30							80				1		
31							81				1		
32							82				1		
33							83				1		
34							84				1		
35							85				1		
36							86				1		
37							87				1		
38							88				1		
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL							TOTAL						
IND.							IND.	6					
DEP.							DEP.	51					
TOTAL							CLAIMS	57					

**BEST AVAILABLE COPY**